



Computer Security Program

**Form
2410 v2.2**

Record of Remote Access Accounts for Restricted Open (Yellow) Network

User Information

Name _____ Date of Request _____

User ID: _____ Time Period _____
(Official ID for UC/LLNL employees; Email address for others)

Employment Status

☐ UC/LLNL Employee (Employee Number: _____)

☐ Not a UC/LLNL Employee

Affiliation: _____

Mailing Address: _____

Telephone: _____

Citizenship _____

☐ If not a U.S. Citizen, F-2311 has been verified to list the remote access accounts checked below.

Will all off-site computers used to access LLNL be U.S. Government owned? ☐ Yes ☐ No

User Signature

This signature acknowledges that I agree to abide by the LLNL policies governing the use of this account including the policies and rules set forth in P-2329 - LLNL Computer Use Policy and Security Rules. I understand that failure to follow these policies can lead to administrative actions up to and including dismissal. I understand my request will be logged for auditing purposes.

Signature

Date

Remote-Access Accounts Requested

Accounts available to any approved person	Accounts available to any approved UC/LLNL employee. Non-UC/LLNL employees require CSO signature (below)
<input type="checkbox"/> IP Port Allow (IPA)	<input type="checkbox"/> Virtual Private Network (VPN)
<input type="checkbox"/> Virtual Private Network for Collaborators (VPN-C)	<input type="checkbox"/> Web Proxy Service (WPS)
<input type="checkbox"/> Web Proxy Service for Collaborators (WPS-C)	<input type="checkbox"/> Open Terminal Server (OTS)
	<input type="checkbox"/> ISDN

Justification _____

Management Approval

I hereby certify that the individual for whom I am requesting an account meets all access requirements and has a legitimate LLNL business need for access to the Restricted (Yellow) network. Failure to follow LLNL policies can lead to administrative actions up to and including dismissal. I understand my request will be logged for auditing purposes.

LLNL Supervisor/Sponsor/Manager (required for all accounts)_____
(Please Print Name)_____
Signature_____
Date**LLNL Program Leader (optional at program discretion)**_____
(Please Print Name)_____
Signature_____
Date**Computer Security Account Authorization****OISSO or OISSO Designated Account Authorizer (required for all accounts)**_____
(Please Print Name)_____
Signature_____
Date**Computer Security Organization (CSO) Account Authorizer**

(required for non-UC/LLNL employees applying for VPN, WPS, OTS or ISDN accounts)

(Please Print Name)_____
Signature_____
Date**CIO Authorization****CIO or CIO Designated Account Authorizer (required for VIP accounts only)**_____
(Please Print Name)_____
Signature_____
Date**Validation Record (annual validation is required)**Date ValidatedSupervisor/Sponsor/Manager Initials